1615

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01612

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville
LENGTH OF STAY (in this place): 38, Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Lela (Middle) -- (Last) Brennamon

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-28-1897

9. AGE last birthday: 56-10-5 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Rural Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U-S-A

13. FATHER'S NAME: Eli C. Yoder

14. MOTHER'S MAIDEN NAME: Dora Hosteter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Daniel J. Brennamon, Grantsville R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443x

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio Vascular Disease — 5 Yrs 10 Mo

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to Feb. 3, 1954, that I last saw the deceased alive on Feb. 3, 1954, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) C.C. Glass MD ADDRESS Meyersdale Pa DATE SIGNED 2-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-6-1954

NAME OF CEMETERY OR CREMATORY: Mountain View

LOCATION (City, town, or county) (State): Rural Salisbury Pa

DATE REC'D BY LOCAL REG. 2-16-54

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

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FEB 9 1914
BUREAU V. S.

01613

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT LAKE PARK MD.
LENGTH OF STAY (in this place) 20-YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK MARYLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) KEPTON (Middle) BRIGHT (Last) BURRELL
4. DATE OF DEATH: (Month) FEB. (Day) 21 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. -10-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: FORESTER.
11. BIRTHPLACE (State or foreign country): PINE MOUNTAIN GA.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: ANDREW JACKSON BURRELL
14. MOTHER'S MAIDEN NAME: MARY BOWERS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WAR-I.
16. SOCIAL SECURITY No.: 210-18-9873
17. INFORMANT & ADDRESS: MRS. IRMA BURRELL. OAKLAND. MD. RT-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 782.4
Immediate cause (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Examined after death, 19..., that I last saw the deceased alive on....., 19....., and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby MD (DEGREE OR TITLE) ADDRESS Oakland, Md DATE SIGNED 2/22/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF FEB-23-1954
NAME OF CEMETERY OR CREMATORY OAKLAND.
LOCATION (City, town, or county) (State) OAKLAND MARYLAND.
DATE REC'D BY LOCAL REG. 2/23/1954
REGISTRAR'S SIGNATURE Julia C Nowan LR
24. FUNERAL DIRECTOR Emroy Bolden Oakland ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
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1618

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01614

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
MARYLAND
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural give location) Loch Lynn Heights

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lloyd (Last) Callis

4. DATE OF DEATH: (Month) (Day) (Year) February 26, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/18/1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Asa A. Callis Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 1 yr.?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Art. C. V. D. — 5 yrs.?
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity & arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1949, to 26 Feb., 1954, that I last saw the deceased alive on 10 Feb., 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Thomas D. Guthrie M.D. ADDRESS Oakland, Md. DATE SIGNED 26 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/28/1954
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 2/28/54
REGISTRAR'S SIGNATURE Julia Mayer LR
24. FUNERAL DIRECTOR Herbert R. Leighton
ADDRESS Oakland, Md.

VS. A15

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01615

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park — LENGTH OF STAY (In this place) 65 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#1, Bethlehem Community	STREET ADDRESS (If rural, give location) R#1, Bethlehem Community

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) Harrison	(Last) Hardesty	4. DATE OF DEATH (Month) Feb. (Day) 17, (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1888	9. AGE last birthday 65 yrs. If under 1 year Months 9 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Garrett Co., Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry A. Hardesty			14. MOTHER'S MAIDEN NAME Julia A. Tasker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. I		16. SOCIAL SECURITY NO. 214-16-2439	17. INFORMANT AND ADDRESS Mrs. Anna G. Hardesty, R#1, Deer Park, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Massive Cerebral Hemorrhage	
Antecedent cause(s)	(b) with rt sided paralysis	3 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Marked Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 15, 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 9:25P. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) MD ADDRESS Kitzmiller Md DATE SIGNED Feb. 18 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 21/54	NAME OF CEMETERY OR CREMATORY Moon Cemetery	LOCATION (City, town, or county) (State) Bethlehem, Garrett Co. Md.
DATE REC'D BY LOCAL REG. 7/21/54	REGISTRAR'S SIGNATURE Julia Rowan	24. FUNERAL DIRECTOR Otha F. Sharpless,	ADDRESS Blaine, W.Va.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAR 2 1954
BUREAU V. S.

1620

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01616

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Hardy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - South Fork 85X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Catherine (Last) Hefner
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 29,1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Household duties
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Lewis Branson
14. MOTHER'S MAIDEN NAME: Rebecca Jenkins
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. John Coby - Moorefield, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Myocardial Infarction	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Auricular Fibrillation c̄ Failure	2 yrs
	DUE TO (c) Sclerotic Heart Disease	Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1953, to 2-10, 1954, that I last saw the deceased alive on 2-10, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE James H. Feaster, Jr. M.D. (Degree or title) ADDRESS Oakland, Md DATE SIGNED 2-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb.14,1954
NAME OF CEMETERY OR CREMATORY Scott Cemetery
LOCATION (City, town, or county) Durgon (State) W.Va
DATE REC'D BY LOCAL REGISTRAR 2/14/1954
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Earl B. Thrush ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HUTTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) B (Last) HERSHMAN

4. DATE OF DEATH: (Month) FEBRUARY (Day) 21 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6/20/68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Farm

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HERSHMAN, JESS

14. MOTHER'S MAIDEN NAME: BOLYARD, Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: ALBERT HERSHMAN, HUTTON, MARYLAND.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 2 2

Immediate cause (a) Uremia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sclerotic Heart Disease c̄ Fibrillation — 2 mos

DUE TO

(c) Senility

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1954, to Feb 20, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 4:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Fenton Jr. M.D. ADDRESS 68 2nd St Oakland, Md DATE SIGNED 2-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/24/1954

NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery

LOCATION (City, town, or county) (State) Terra Alta, W. Va.

DATE REC'D BY LOCAL REGISTRAR 2/24/54

REGISTRAR'S SIGNATURE Julia A. Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

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1622

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT MD. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OAKLAND. MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) ANN (Last) LAWTON

4. DATE OF DEATH: (Month) FEB. (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 26 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PHILADELPHIA. PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SAMUEL LAWTON

14. MOTHER'S MAIDEN NAME: MARGARET LEES.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 438 SOUTH DAVIES ST. MRS. STANLEY SPENCER. KEYSER. W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.1
Immediate cause (a) Congestive Heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Art. C. V. D.
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 mos? years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile, Arthritis

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Dec. 1953, to 26 Jan. 1954, that I last saw the deceased alive on 26 Jan. 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) Thomas J Lusby M. D. ADDRESS Oakland, Md DATE SIGNED 2 Feb 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF MARCH-3-1954
NAME OF CEMETERY OR CREMATORY OAKLAND.
LOCATION (City, town, or county) (State) OAKLAND. MARYLAND

DATE REC'D BY LOCAL REG. 2/3/54
REGISTRAR'S SIGNATURE Helen C Rowan
24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RURAL - OAKLAND.
LENGTH OF STAY (in this place) 21 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) OLIVE (Middle) VERNIE (Last) LEWIS.

4. DATE OF DEATH: (Month) FEB. (Day) 26 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCT. - 17 - 1897.

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DEER PARK. MD.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JOSEPH P. FRIEND.

14. MOTHER'S MAIDEN NAME: ELIZABETH LEWIS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RAY LEWIS. OAKLAND - MD. RT-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocardeal Heart Deviance — Interval Between Onset and Death: 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertension C.V.D. — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1947, to Feb. 26, 1954, that I last saw the deceased alive on Feb. 10, 1954, and that death occurred at 9 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R. E. Mance M.D. Oakland Md 27 Feb 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: MARCH-1-1954
NAME OF CEMETERY OR CREMATORY: KIMMELL
LOCATION (City, town, or county) (State): NEAR OAKLAND. MD

DATE REC'D BY LOCAL REG. 3/1/54
REGISTRAR'S SIGNATURE: Julia C Mowan L.R.

24. FUNERAL DIRECTOR ADDRESS: Emroy Boldin Oakland Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place) about 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Cumberland
STREET ADDRESS (If rural give location) Rt. 2, Cumberland, Md.

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) (Last) LUTTRELL
4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 23, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Private homes
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank T. Davis
14. MOTHER'S MAIDEN NAME: Irene Zimmerla

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Amos Collins, Rt. 2,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Art. Cardio vascular disease — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr. Nephritis — "
DUE TO (c) Arthritis — "

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Decubiti — 2-3 mos.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952 to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 5:45 Am, from the causes and on the date stated above.

SIGNATURE Thomas J Lusby MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 19 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/21/54
NAME OF CEMETERY OR CREMATORY Davis Memorial Park
LOCATION (City, town, or county) Allegany Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE Julia C. Rowan
24. FUNERAL DIRECTOR John J. Hofer, Cumberland, Md. ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural; LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 mi west of Westernport	STREET ADDRESS (If rural, give location) 3 mi west of Westernport

3. NAME OF DECEASED (Type or Print) (First) SELBY (Middle) LEE (Last) RITCHIE				4. DATE OF DEATH (Month) February (Day) 19 (Year) 54	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 1913	9. AGE last birthday 35 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Operator		10b. KIND OF BUSINESS OR INDUSTRY Paper Mill	11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David C. Ritchie			14. MOTHER'S MAIDEN NAME Bassie Foltz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-03-9710	17. INFORMANT AND ADDRESS Mrs Delva Ritchie, Westernport, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Myocardial infarction	8 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	8 mos
	(c) Hypertensive Cardio-Vascular disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Feb 19, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 100 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Reeves M.D. ADDRESS Westernport Md DATE SIGNED 2/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 22 Feb 54	NAME OF CEMETERY OR CREMATORY Philos Cemetery	LOCATION (City, town, or county) (State) Westernport, Md.
DATE REC'D BY LOCAL REG. 2-22-54	REGISTRAR'S SIGNATURE Doris Pattison	24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01622

CERTIFICATE OF DEATH

Reg. Dist. No. 16-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
LENGTH OF STAY (in this place) 2 WEEKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY GARRETT.
CITY (If ontside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) PERRY (Last) SAVAGE.

4. DATE OF DEATH: (Month) FEB. (Day) 8 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.

8. DATE OF BIRTH: FEB. 29, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SAND SPRING MARYLAND.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN W. SAVAGE

14. MOTHER'S MAIDEN NAME: JULIA UMBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. JEANNETTE STOTLER OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arteriosclerotic cardio vascular disease — Interval Between Onset and Death: ? years

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mental degeneration ? years

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jan., 1954, to 8 Feb., 1954, that I last saw the deceased alive on 12 Feb., 1954, and that death occurred at 11:09 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Thomas D. Lusby M.D. Oakland, md. 9 Feb 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: FEB-11-1954 — NAME OF CEMETERY OR CREMATORY: SAND SPRING — LOCATION (City, town, or county) (State): NEAR FRIENDSVILLE MD.

DATE REC'D BY LOCAL REG. 2/11/1954 — REGISTRAR'S SIGNATURE: Julia Rowan

24. FUNERAL DIRECTOR — ADDRESS: Emrey Bolden Oakland md

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 : 162.

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural give location) -----

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Florence (Last) Schlossnagle

4. DATE OF DEATH: (Month) (Day) (Year) February 23, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 11/12/1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Custer

14. MOTHER'S MAIDEN NAME: Mary Alice Stanton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Andrew Schlossnagle Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1954, to Feb 23, 1954, that I last saw the deceased alive on ... 19..., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton Jeffer M.D. Friendsville Md. Feb 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/26/1954 NAME OF CEMETERY OR CREMATORY St. Pauls Church Cem. LOCATION (City, town, or county) (State) Accident, Md.

DATE REC'D BY LOCAL REGISTRAR 2/26/54 REGISTRAR'S SIGNATURE J. A. Rowan mch

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oakland — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pa. — COUNTY Westmoreland

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Donegal

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) R. (Last) Shaffer

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1[illegible], 1[illegible]

9. AGE last birthday: 7 yrs. — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kregar, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Shaffer

14. MOTHER'S MAIDEN NAME: Lucinda Weimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harry J. Shaffer, Home, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

493X

Immediate cause (a) Heart Disease

DUE TO

Antecedent cause(s) (b) Following Pneumonia

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthma

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20 1954, to Feb. 20, 1954 that I last saw the deceased alive on Feb. 20th, 1954 and that death occurred at 11.9 P.m., from the causes and on the date stated above.

SIGNATURE J W Wenzel (DEGREE OR TITLE) MD ADDRESS — DATE SIGNED Feb 21st 1954

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF Feb. 2[illegible], 1954 — NAME OF CEMETERY OR CREMATORY Porch Cemetery — LOCATION (City, town, or county) Donegal township, (State) Westmoreland

DATE REC'D BY LOCAL REG. 2/23/54 — REGISTRAR'S SIGNATURE Julia A Roman LR

24. FUNERAL DIRECTOR Emory Bolden Oakland Md — ADDRESS Pa

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mile N.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
STREET ADDRESS (If rural, give location) 1 Mile N.E.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) COLUMBUS (Last) SWEITZER

4. DATE OF DEATH (Month) FEB. (Day) 19, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan.19,1879

9. AGE last birthday 75 yrs. If under 1 year: Months 1 Days - If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper

10b. KIND OF BUSINESS OR INDUSTRY B&O Railroad

11. BIRTHPLACE (State or foreign country) Engles Mill, Garrett CO.Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Jackson Sweitzer

14. MOTHER'S MAIDEN NAME Mary Ellen Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 705-09-9756

17. INFORMANT AND ADDRESS Carl Sweitzer, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Acute Myocardial damage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal Disease with — 5 yrs.

(c) marked edema — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Rheumatoid Arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 14, 1954, that I last saw the deceased alive on Feb 19, 1954 and that death occurred at 4:25P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph Calandella M.D. ADDRESS Kitzmiller, Md DATE SIGNED Feb 20-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 22,1954 NAME OF CEMETERY OR CREMATORY George Cemetery LOCATION (City, town, or county) (State) Swanton, Garrett Co.Md.

DATE REC'D BY LOCAL REG. 2/22/54 REGISTRAR'S SIGNATURE Julia Rowan

24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W.Va.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (in this place) about 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Weeks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) HOMER (Middle) Alton (Last) TRAIL

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct 5 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: St Paige Motor Co

11. BIRTHPLACE (State or foreign country): Everett Bedford Co Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan B Trail

14. MOTHER'S MAIDEN NAME: Annie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-4045

17. INFORMANT & ADDRESS: Clarence Trail, Upper Strasburg Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Esophagus — Interval Between Onset And Death: June 1953

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1954 to 26 Jan, 1954; that I last saw the deceased alive on 26 Jan, 1954, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE Thomas D. Lusby (Degree or title) M.D. ADDRESS Oakland, Md DATE SIGNED 1 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb 4 1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REGISTRAR 2/2/54

REGISTRAR'S SIGNATURE Julia C Rowan LR

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01627

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville (Rural) Life
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Rular
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Wakefild

4. DATE OF DEATH: (Month) Feb (Day) I6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar 28 I883

9. AGE last birthday: 70 yrs. IF UNDER I YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wakefield

14. MOTHER'S MAIDEN NAME: Mary Schroyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 2I4-I6-296I

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 5 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 16, 1954, to FEB 16, 1954, that I last saw the deceased alive on FEB 16, 1954, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE Milton Tepfer (DEGREE OR TITLE) M. D. ADDRESS Friendsville Md. DATE SIGNED Feb 20 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/I6/54

NAME OF CEMETERY OR CREMATORY Webbs Chapple

LOCATION (City, town, or county) (State) Preston W.Va

DATE REC'D BY LOCAL REG. Feb 19. 1954

REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR E G Harned ADDRESS

RECEIVED
FEB 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01625

Reg. Dist. No. 766

1. PLACE OF DEATH:
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) MARYLAND 3 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural give location) Second St.

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) Parks (Last) Walls

4. DATE OF DEATH: (Month) (Day) (Year) February 8, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 8/9/1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Parks

14. MOTHER'S MAIDEN NAME: Electra Heermans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Mrs. B. H. Sincell Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 2 Days

DUE TO (c) Arteriosclerosis — 10 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1940, to 8 Feb, 1954, that I last saw the deceased alive on 6 Feb, 1954, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Nance MD ADDRESS Oakland Md DATE SIGNED 9 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/10/1954 NAME OF CEMETERY OR CREMATORY Kingwood Cemetery LOCATION (City, town, or county) (State) Kingwood, W. Va.

DATE REC'D BY LOCAL REGISTRAR 2/10/54 REGISTRAR'S SIGNATURE Julia C. Rowan LR 24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1994
BUREAU V. S.